

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

The Committee for the Preservation of Capitalism (CPC)

ADDRESS (number and street)

P.O. Box 65314☐(Check if address
is changed)**Washington****DC****20036**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

teamfurlow@verizon.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

703-704-5382

2. DATE

M M
0 2/ D D
0 1/ Y Y Y Y
2 0 0 6

3. FEC IDENTIFICATION NUMBER

C C00328468

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Jan Furlow

Signature of Treasurer

Electronically Filed by **Jan Furlow**

Date

M M
0 2/ D D
1 0/ Y Y Y Y
2 0 0 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

Cooperative

Write or Type Committee Name

The Committee for the Preservation of Capitalism (CPC)

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Jan Furlow**

Mailing Address **8800 Black Alder Drive**

Alexandria **VA** **22309** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

custodian Telephone number **703** - **704** - **5391**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Jan Furlow**

Mailing Address **8800 Black Alder Drive**

Alexandria **VA** **22309** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

treasurer Telephone number **703** - **704** - **5391**

Full Name of Designated Agent

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	Sun Trust Bank																																		
Mailing Address	P.O. Box 85024																																		
	Richmond															VA					23285					-									
	CITY ▲															STATE ▲					ZIP CODE ▲														